

MONTANA AIR QUALITY PERMIT APPLICATION FOR PORTABLE SOURCES

Montana Department of Environmental Quality

Air Resources Management Bureau

Permitting Section Supervisor

1520 E. Sixth Avenue

P.O. Box 200901

Helena, MT 59620-0901

Telephone: (406) 444-3490 FAX (406) 444-1499

For State of Montana Use Only

Permit Application
Number _____

Application Fee Paid with Application?

☐ Yes ☐ No Amount Paid _____

AREV Facility # _____ FP ID # _____

This application, any associated fees, and the affidavit of publication of the attached public notice must be mailed to the above address. Instructions for filling out this form are contained in the Instructions and Suggested Format document available from the Department of Environmental Quality (Department). Please contact the Department Air Resources Management Bureau if you have any questions regarding this permit application

§ 1.0 GENERAL FACILITY INFORMATION AND SITE DESCRIPTION

Permit Type (check one): ☐ New Facility ☐ Modification to Existing Permit _____
permit number

If applying for a new facility or an alteration to an existing permit, a permit application fee and an affidavit of publication must be submitted to the department at the above address.

Affidavit of Publication of Public Notice ☐ Attached ☐ Forthcoming
 Permit Application Fee ☐ Attached ☐ Forthcoming

Facility Name & Address (As registered with the Montana Secretary of State)		
Facility Name		
Mailing Address		
City	State	Zip

FACILITY LOCATION		
Address (if different from mailing address)		
City	State	Zip
Section (to nearest ¼)	Township	Range
County		

Narrative Description of Site _____

(including nearby roads, towns, landmarks, etc.)

Owner's Name _____ Telephone _____
 Facility Manager's Name _____ Telephone _____
 Contact Person _____ Telephone _____
person to contact regarding this application

Total Property Area (acres) _____ Current Number of Employees _____

Will the facility be operating in a PM-10 nonattainment area or within 10 kilometers of a nonattainment area?

☐ No or ☐ Yes

If you check yes, list which nonattainment area(s) the facility will be operating in or near.

Name of DEQ Contact _____
If you have been dealing with Department of Environmental Quality personnel

§ 1.1 Process Flow Diagram (Attach a box diagram of the equipment's set-up and describe the process.)

§ 1.2 Project and Site Informational Request (Complete attached informational request.)

The estimated time for the Department to process and act on a correctly completed application form is 60 days (i.e. 60 days from receipt of a correctly completed application to issuance of a final permit). The Department has 30 days to notify an applicant that their application is incomplete. The Department shall make a preliminary determination within 40 days after receiving a complete and filed application. A Department decision must be made within 60 days after receiving a complete application. The Department decision is not final unless 15 days have elapsed from the date of the department decision and there is no request for a hearing before the Board of Environmental Review. (Different time frames apply if an Environmental Impact Statement is required or if the Major Facility Siting Act is applicable. Provisions also exist in rule for extending the time for issuing a department decision). Please refer to ARM 17.8.706(2), ARM 17.8.720 and 75-2-211 MCA.

§ 2.0 PROCESS EQUIPMENT LISTING

Attach a list of all existing and proposed process equipment. For each piece of process equipment that is identified in this section, a separate Section 4.0 must be completed.

[illegible]

§ 3.0 EMISSION INVENTORY

The Department can complete this section for the applicant.

☐ Please check this box if the applicant would like the department to complete this section.

Plant/Project-Wide Emission Inventory

Provide a complete emission inventory listing emission levels for all regulated air pollutants from existing and proposed equipment. Clearly show how the emissions were calculated.

Emissions Unit Identification: _____

Potential Emissions Summary: *(Include emission rates in units consistent with any applicable standards or test methods. Attach calculations.)*

Regulated Air Pollutant	Emission Rate(s) (Include any additional applicable units or averaging periods)			
	(Lb/Hour)	(Tons/Year)	(Alternate averaging periods)	
PM ₁₀				
SO ₂				
Pb				
NO _x				
VOC				
CO				
Other (specify):				
Other (specify):				
Other (specify):				
Other (specify):				
Other (specify):				
Other (specify):				

§ 4.0 PROCESS EQUIPMENT/PROCESS INFORMATION

A separate Section 4.0 must be completed for each piece of process equipment listed in Section 2.0.

§ 4.1 Process Equipment Identification: _____

§ 4.2 Narrative Process Equipment/Process Description *(attach additional sheets as necessary)*:

§ 4.3 Process Equipment Description:

Process Equipment Identification:

Make _____	Model _____
Type _____	Size _____
Serial Number _____	Year of Manufacture _____
Fuel Type _____	

Emitting Unit Location: [Note: UTM coordinates are available on any USGS map]

Universal Transverse Mercator (UTM) Zone _____	Elevation (feet) _____
UTM Easting Coordinate (nearest 0.01 km) _____	
UTM Northing Coordinate (nearest 0.01 km) _____	

Stack Information: *(if applicable)*

Height (feet) _____	Diameter (feet) _____
Exit Gas Temperature ($^{\circ}$ F) _____	Exit Gas Flow Rate (ACFM) _____
Exit Gas Velocity (feet/second) _____	

Process Information: (Indicate Units)

Type of Material Processed _____	
Average Process Rate (tons/hr, gal/hr, etc.) _____	
Maximum Rated Design Process Rate (ton/hr, gal/hr, etc.) _____	

Percent Annual Thruput: *(Percent of the applicant's work done in each time frame. The percentages entered for the four time frames must add up to 100%.)*

December- February _____	June - August _____
March - May _____	September - November _____

Operating Schedule:

Hours/Day _____	Hours/Year _____
Days/Week _____	Weeks/Year _____

§ AIR POLLUTION CONTROL EQUIPMENT INFORMATION

A separate Section 5.0 must be completed for each piece of process equipment listed in Section 2.0. If a piece of equipment does not have pollution control equipment then the applicant should indicate that no control equipment is used.

§ 5.1 Process Equipment Identification: _____

§ 5.2 Primary Pollution Control Equipment or Description of Procedure: _____

§ 5.3 Proposed Operational Limitations: *(if any)* _____

§ 5.4 Primary Air Pollution Control Equipment Identification: *(if applicable)*

Make _____	Model _____
Type _____	Size _____
Serial Number _____	Year of Manufacture _____
Fuel Type _____	
Estimated Control Efficiency _____	
Estimated Cost of Pollution Control Equipment _____	

§ 5.5 Emissions Control Analysis:

Provide a Best Available Control Technology (BACT) or Lowest Achievable Emission Rate (LAER) Analysis as applicable. Address each regulated air pollutant.

§ 5.6 Stack Height and Dispersion Technique Analysis: (completed if modeling is required)

§ 5.7 Ambient Air Quality Impact Analysis:

§ 6.0 INSTRUCTIONS ON PUBLIC NOTICE FOR AIR QUALITY PRECONSTRUCTION PERMIT

The applicant shall publish the following notification no earlier than 10 days prior to the date the applicant's air quality preconstruction permit application will be submitted to the Department, and no later than 10 days following the date of submittal. The notice shall be published **once** in the legal notice section of a newspaper of general circulation in the area affected. Any fees associated with publication of this notice are the responsibility of the permit applicant. Questions regarding an appropriate newspaper should be addressed to the Department. An Affidavit of Publication of Public Notice must be submitted with the application or the air quality preconstruction permit application will be deemed incomplete. This notice is required by the air quality rules. **The notice to be published consists of all text within the box below.**

PUBLIC NOTICE	
Notice of Application for Air Quality Preconstruction Permit (pursuant to Sections 75-2-211, and 75-2-215 MCA, and the Air Quality Rules).	
_____	Name of applicant(s)
_____	on or about _____
has filed/will file	date
_____ an application for a air quality	
preconstruction permit or an alternation to an existing air quality preconstruction permit from the Montana Department of Environmental Quality (Department). Applicant(s) seeks approval of its application for:	

(brief description of source for which permit is being applied, and the site location including 1) a narrative description related to nearby towns, roads, landmarks, etc., and 2) the legal description of section, township, range, and county)	
Within 40 days of the receipt of a completed application, the Department will make a preliminary determination whether the permit should be issued, issued with conditions, or denied. <u>Any member of the public with questions or who wishes to receive notice of the preliminary determination, and the location where a copy of the application and the department's analysis of it can be reviewed, or to submit comments on the preliminary determination, must contact the department at Department of Environmental Quality, Air Resources Management Bureau, Air Permitting Section Supervisor at P.O. Box 200901, Helena, Montana 59620-0901, telephone (406) 444-3490. Any comments on the preliminary determination must be submitted to the department within 15 days after the preliminary determination is issued.</u>	

§ 7.0 CERTIFICATION OF ACCURACY AND COMPLETENESS

I hereby certify that, to the best of my knowledge, information and belief, formed after reasonable inquiry, the information provided in this permit application is true, accurate and complete.

(Name, title and signature of corporate officer, responsible official, authorized representative, or designated representative under Title IV 1990 FCAA.)

Name _____
(Print of Type)

Title _____ Telephone _____

Signature _____
(Original Signature Required) Date _____



Project and Site Informational Request
Montana Department of Environmental Quality
Air Resources Management Bureau
P.O. Box 200901, Helena, MT 59620-0901
Telephone: (406) 444-3490 FAX: (406) 444-1499

Instructions: Please answer the questions listed below in reference to the current project proposed in the air quality permit application. Please attach additional pages if necessary. The Department will use the information to facilitate completion of an environmental analysis required under the Montana Environmental Policy Act (MEPA).

Facility Name: _____

1. Please summarize fish or wildlife habitat, animal or bird species, or any known migration or movement of animals at the project site.

2. Please describe any proposed discharges into surface water or onto the site; any changes in drainage patterns; any use of surface water and groundwater; and any potential impacts to wetlands.

3. Please summarize the soils and geology of the project site. Include a description of any disruption, displacement, erosion, compaction, moisture loss, or over-covering of soil that would reduce productivity or fertility at the site. The description should include the amount of land disturbed in acres. Please describe any destruction or modification of any unique geologic or physical feature.

4. Please summarize the plant species (including types of trees, shrubs, grasses, crops, and aquatic plants) at the site. The applicant should include a description of any known unique, rare, threatened, or endangered plant species at the site. In addition, please describe the land use at the project site.

5. Please summarize the aesthetic character of the project site and of the surrounding community or neighborhood. Include a description of recreational opportunities. Also include a description of noise levels created by the proposed project.

6. Please describe any unique, rare, threatened, or endangered animal species that are at or near the site.
7. Please describe any upgrading of utilities that may result from power demands from this project.
8. Please describe any known historical, archaeological, or paleontological sites at the project site.
9. Please summarize other industrial activities at or near the site, or any other permits that you hold which are, or may be, in effect at this site.
10. Please indicate the number of employees currently employed and the increase or decrease in the number of people employed at the site as a result of the proposed project.
11. Please describe any unique cultures in the area that may be affected by the proposed application.
12. Please summarize any access to recreational or wilderness activities near the project site.
13. Please describe any state, county, city, United States Forest Service (USFS), Bureau of Land Management (BLM), or tribal zoning or management plans and goals that might affect the site.
14. Please indicate who owns the land at the proposed project site.
15. Please indicate the approximate distance to the nearest home or structure not associated with the project site.